



**APPLICATION FOR INDUSTRY OR TRADE SHOW CONTINUING EDUCATION COURSE APPROVAL
GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS**

237 Coliseum Drive • Macon, Georgia 31217

Phone (404) 424-9966 • Fax: (866) 888-1176

www.sos.ga.gov/plb/cosmetology

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Cosmetology/Hair Design/Nail Technology/Esthetics/ Master Barber/Barber II in the State of Georgia.

***** IMPORTANT *****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board and will delay the processing of your registration. Review your application before submitting it to ensure all information and documentation is complete and correct.

APPLICATION FOR A ONE TIME INDUSTRY/TRADE SHOW

Trade show courses approved are only valid for the date(s) of the specific show registered

APPLICATION CHECKLIST

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application. We recommend you keep a copy of your application for your records.

- ☐ **NON-REFUNDABLE FEE: Industry/Trade Show Registration \$50.00** The payment must be made by check or money order payable to the Georgia State Board of Cosmetology and Barbers. DO NOT SEND CASH OR COUNTER CHECKS. Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
- ☐ **NOTARIZED APPLICATION: NOTARIZED APPLICATION & AFFIDAVIT:** The complete application must be mailed to the Board's office at the address listed above, along with your FEE.
- ☐ **ANSWER ALL QUESTIONS:** All questions must be answered. Applicants who must answer "Yes" to the arrest/conviction question must submit a **certified** copy of the final court disposition with a letter of explanation, as well as a letter from probation/parole officer with a current status of probation or stating the case has been closed. Applicants who answer "Yes" to the sanction/disciplinary questions must provide a **certified** copy of the agency order showing the action taken by the other state licensing board. **Approval of registration is at the Board's discretion.**
- ☐ **SECURE AND VERIFIABLE DOCUMENT (SVD) –** Enclosed is a copy of my Driver's License, Passport, or other document **OR** a copy of my current immigration document(s) which includes either my Alien number or I-94 number and SEVIS number if needed. **Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 issued August 1, 2011 by the Office of the Attorney General, Georgia:**

The list of secure and verifiable documents, published under the authority of The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") on the Department of Law's website pursuant to O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>
- ☐ **SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE – DO NOT STAPLE** pages or check/money order. Do not fold pages of the application. Make check/money order payable to Georgia State Board of Cosmetology and Barbers submit to 237 Coliseum Drive, Macon, GA 31217. We recommend using US Mail or private courier (UPS, FedEx, etc.) **with tracking.** Keep a copy of your application for your records.

Please visit our website at www.sos.ga.gov/plb/cosmetology to review our complete law and rules. Board Rule 240-3-.02 states in part:

“...(4) Industry or trade show course registration. Providers of industry or trade show courses are providers that offer CE courses for credit for a limited time only at industry or trade shows. Providers of industry or trade show courses that wish to register courses for CE credit must submit an application and supply the following information to the Board for course approval:

- (a) date, time, and location;
- (b) sample or description of the certificate, letter, or form to be used as written proof of course attendance or completion for licensee participants;
- (c) course outline; and
- (d) number of CE hours for each course....”



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COSMETOLOGY AND BARBERS
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Date Entered _____
Receipt # _____
Submitted \$ _____
Date Issued _____

**APPLICATION FOR INDUSTRY/TRADE SHOW CONTINUING EDUCATION
COURSE APPROVAL**

(Fees are Non-Refundable & Non-Transferrable)
Industry/Trade Show One Time CE Course Approval **\$50.00**

CE Courses offered for the following license types (Please check all that apply):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Master Cosmetologist | <input type="checkbox"/> Hair Designer | <input type="checkbox"/> Esthetician | <input type="checkbox"/> Nail Technician |
| <input type="checkbox"/> Master Barber | <input type="checkbox"/> Barber II | <input type="checkbox"/> Cosmetology Instructor | |
| <input type="checkbox"/> Hair Designer Instructor | <input type="checkbox"/> Esthetician Instructor | <input type="checkbox"/> Nail Technician Instructor | <input type="checkbox"/> Barber Instructor |

Name of Provider/Sponsor (to appear on license):

(Please print legibly)

Federal Employee Identification Number or Owner's Social Security Number:

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 AND O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 101.

MAILING ADDRESS (address where the CE Provider/Sponsor will receive mail from the Board):

P.O. Box OR Number and Street Apt. No. City/State Zip Code

Physical Address Where CE Provider/Sponsor Is Located:

(NO P.O. Box) Number and STREET NAME Suite Number City/State Zip Code

If you are granted a registration, your name, address and registration number becomes public information and will be posted on the Secretary of State's website.

TELEPHONE: _____ **WEBSITE:** _____
Telephone Number Cell Telephone Number

EMAIL: (Please print clearly) _____

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any email address change. Your email address will not be shared with any third party.

☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard)

OWNER OR MANAGER INFORMATION PAGE
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OWNER (or manager)

(PLEASE PRINT) First Middle Last

Mailing Address _____
 Number and Street Apt. No. City/State Zip

Social Security Number _____ - _____ - _____

If you hold a license issued by the Professional Licensing Boards, what is the license number(s)?

OWNER 2

(PLEASE PRINT) First Middle Last

Mailing Address _____
 Number and Street Apt. No. City/State Zip

Social Security Number _____ - _____ - _____

If you hold a license issued by the Professional Licensing Boards, what is the license number(s)?

Note: If there are more than two (2) owners, please submit this form for all owners.

EACH Owner or Manager Must Answer the Below Questions:

☐ Yes ☐ No



1. Have **all owners** (or manager) completed page 2 of this application titled "Owner or Manager Information Page" and have **all owners** (or manager) completed a **separate** page 4 of this application titled "Owner Affidavit"?

☐ Yes ☐ No



2. Have the owner(s) or manager been **arrested** or **convicted** of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding or verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge(s).

NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record. If you answered "Yes" to the question regarding arrest/court convictions, you must submit the following to the Board:

- (a) Submit a letter of explanation and certified copy of final court disposition from the county(s) in which you were arrested/convicted. The court document should include the charges and sentencing information.
- (b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed, submit certified documents from the courts verifying case closed and completion of probation / parole

CE Provider Name

Owner (or Manager) Name(s)

3. Has any other licensing board or agency in Georgia or any other state ever:

☐ Yes ☐ No



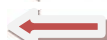
- (a) Denied an owner(s) application for licensure, renewal, or reinstatement?

☐ Yes ☐ No



- (b) Revoked, suspended, restricted, sanctioned, or probated an owner(s) license?

☐ Yes ☐ No



- (c) Requested or accepted surrender of an owner(s) license?

☐ Yes ☐ No



- (d) Reprimanded, fined, or disciplined an owner(s)?

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board. Provide the name of the agency or board in the space provided:

Owner's (or Manager) Name

Name of State Board or Agency



OWNER AFFIDAVIT

(Each Owner Must Submit a Separate Affidavit)

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Cosmetology and Barbers and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate (Check or initial beside #1 or #2 below):

- 1) _____ I am a United States citizen least 18 years of age or older. **You must submit a copy of your current photo ID or Secure and Verifiable Document(s) such as driver's license, passport, or other document.**
- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number. When submitting a "green card," please provide a copy of the front and back of the card.**

The undersigned applicant also hereby verifies that he or she is at least 18 years of age or older and has enclosed at least one form of acceptable identification such as a Secure and Verifiable Document as required by O.C.G.A. § 50-36-1(e)(1), with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Print Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20____

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:

O.C.G.A. §45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL

COURSE(S) TO BE OFFERED

Name of Course/Program:_____ CE Hours:_____

Name of Course/Program:_____ CE Hours:_____

Name of Course/Program:_____ CE Hours:_____

Name of Course/Program:_____ CE Hours:_____

Name of Course/Program:_____ CE Hours:_____

REQUIRED DOCUMENTS MUST BE SUBMITTED

The following documentation is required to accompany all CE Provider applications. Please number each required form with the corresponding criteria. Place a check mark beside each to indicate that it is included in the application packet.

REQUIRED DOCUMENTS (Industry/Trade Show Courses)

(Submit at least 30 days prior to event date)

- ☐ 1. Date, time, and location.

- ☐ 2. Sample or description of the certificate, letter, or form to be used as written proof of course attendance or completion for licensee participants.
- ☐ 3. Course Outline.
- ☐ 4. Number of CE hours for each course.

Incomplete applications are not acceptable.
Please include ALL required documents before submitting.